

# Booking Form 2007



**CTS Horizons**  
perfecting the art of travel

Before completing this form, please study the Booking Conditions and Important Information carefully, complete details in block letters and return to us together with your remittance.

**Group tours cannot be booked through travel agents.**

## INSURANCE

All participants on our tours must have adequate holiday insurance. The cover provided should be at least as adequate as that offered in this brochure. Should you wish to opt for our cover, **premium must be sent in with the deposit.** If you elect to make your own arrangements please sign the indemnity section below, **but we strongly advise you not to miss our unbeatable offer.**

CTS House  
7 Upper St Martin's Lane  
London WC2H 9DL  
Group tours 020 7836 9911  
Tailor-made 020 7836 4338  
Fax 020 7836 3121

Email [cts@ctshorizons.com](mailto:cts@ctshorizons.com)  
[www.ctshorizons.com](http://www.ctshorizons.com)  
Weekdays 8.30am - 6.00pm  
Saturdays 9.00am - 5.00pm  
Sundays & public holidays  
10.00am - 4.00pm  
(not Christmas or New Year)



Tour Code/Name		Departure Date		CTS Advisor		CTS Booking Ref		
Room Type <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double		Cabin Type		Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No		Media Ref		
Title	Surname	Forename(s) as in passport	Insurance	Date of Birth	Passport No.	Expiry date	Nationality	Occupation
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Address				Postcode		Email		
Billing address (if different to the above)				Postcode				
Day Telephone Code		No.		Evening Telephone Code		No.		
Emergency Contact Name				Contact Telephone Code		No.		

**EXTENSIONS** Please specify e.g. Victoria Falls, Amazon extensions etc.

**UK REGIONAL FLIGHTS**

**FLIGHT UPGRADES**

**NATIONAL EXPRESS COACH VOUCHERS** Please send me vouchers (specify start and end points)

**VIP LOUNGE PASS** Please send me passes at Airport

**OTHER REQUIREMENTS** Any special requests will be noted but cannot be guaranteed.

**BOOKING HISTORY WITH CTS HORIZONS**  
I/we travelled with you on the following group tours in the past:

Tour name	Year
Tour name	Year
Tour name	Year
Tour name	Year
Tour name	Year

**PAYMENT**

Deposit £200 pp x - £

Insurance premium £ pp x - £

£50 extra required for booking from outside UK (£30 per booking form)

**Total £**

On behalf of the above-named persons, I accept the Booking Conditions as set out in this brochure and enclose cheque made payable to CTS Horizons.

\*Must be signed by person travelling (18 years plus), not travel agent.

Signed\* X

Name \_\_\_\_\_

Dated \_\_\_\_\_

**INDEMNITY**

I have declined to take out the holiday insurance cover offered by CTS Horizons.

I hereby confirm on behalf of myself and all members of my party that we have arranged holiday insurance which provides comparable cover to that offered in this brochure. Details as follows:

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Signed \_\_\_\_\_

Name \_\_\_\_\_ X

Dated \_\_\_\_\_

If your reservation is made less than 8 weeks prior to departure, the full amount is payable. Cheques should be made payable to CTS Horizons.

Payment from overseas should be made by telegraphic transfer to:  
HSBC, 17 Gerrard Street, London W1V 8HH  
Sterling Account No. 50019364, Sort code: 40-03-40  
Swift code: MIDL822

There is a 2% bank charge which should be added to the total amount payable by customers who choose to pay directly into our bank account.

Payment by Debit/Credit Card (Please tick as appropriate)  Visa  Mastercard  Delta 3-digit security code

Card No. \_\_\_\_\_ Issue number (debit card only) \_\_\_\_\_

Start day \_\_\_\_\_ Expiry date \_\_\_\_\_ Card holder's name \_\_\_\_\_

Please charge £ \_\_\_\_\_ to my card account to cover  Deposit  Full amount  Insurance premium

Signature \_\_\_\_\_ X

Note Processing fee of 1.5% will apply to Visa and Mastercard.

Please specify how you heard about us